

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 021 ****61.25

DOCUMENT # N95000000548

1. Entity Name

CHILDREN'S HOLOCAUST MEMORIAL, INC.



Principal Place of Business

**7385 SW 131 STREET
MIAMI FL 33156**

Mailing Address

**7385 SW 131 STREET
MIAMI FL 33156**

2. Principal Place of Business

9190 SUNSET DRIVE

3. Mailing Address

9190 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number **65-0554698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL, IRVING A
7385 SW 131 STREET
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **DAVID ROSENBLATT**

Street Address (P.O. Box Number is Not Acceptable)

9190 SUNSET DRIVE

City

MIAMI FL

FL

Zip Code

33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

4/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPIEGEL, NANCY	
STREET ADDRESS	7385 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAVENNA, TIMOTHY	
STREET ADDRESS	7385 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, THOMAS	
STREET ADDRESS	7385 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, JON	
STREET ADDRESS	7385 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URBAN, GARY	
STREET ADDRESS	7385 SW 131ST STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARMORSTEIN, DANIEL	
STREET ADDRESS	7385 SW 131ST STREET	
CITY-ST-ZIP	MIAMI FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID ROSENBLATT	
STREET ADDRESS	9190 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(DAVID A. ROSENBLATT)

4/20/03

**(305)
595-3444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)